IFICATE OF MAILING reby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on 1 September 2006 Jeannie Camara (Typed or Printed Name of Person Mailing Paper or Fee) (Signature of Person Mailing Paper or Fee) PATENT APPLICATION Attorney Docket No. SUN-P5343 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE IN RE PATENT APPLICATION OF) Examiner: Callahan, Paul E. Radia J. Perlman) Group Art Unit: 2137 Serial No. 09/691,278 Filing Date: 17 October 2000 Title: METHOD AND APPARATUS FOR PROVIDING) A KEY DISTRIBUTION CENTER WITHOUT STORING LONG-TERM SERVER SECRETS <u>AMENDMENT TRANSMITTAL LETTER</u> Mail Stop: AF Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: In connection with the above-referenced U.S. patent application, transmitted herewith are the following papers: Response under 37 C.F.R. § 1.111 to official action mailed 2 June 2006 and the [x]Advisory Action mailed on 14 July 2006. A petition for extension of time is also enclosed with a fee of \$55.00 for a one-[]month extension for a small entity. Terminal disclaimer under 37 C.F. R. § 1.321(c), including [] [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and

Information disclosure statement, form 1449 and ___ references.

No additional claims fees are required.

[]

[x]

[] 2 certificates under 37 C.F.R. § 3.73(b).

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS = 20	0	x \$18 =		
Independent Claims		MINUS = 3	0	x \$78 =		
If Amendment adds mul						
If small entity status is c						
TOTAL ADDITIONAL	\$0.00					

[]	A check in the amount of \$	_ is enclosed.
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Respectfully submitted,

Βv

Edward J. Grundler Registration No. 47,615

Date: 1 September 2006

^[] Charge \$___ to Deposit Account No. ____ (Docket No. ____).

Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5343).